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APPLICANTS

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** CONTINUING DATA ***** JKH

This application is a CIP of 10/465,158 06/19/2003

** FOREIGN APPLICATIONS ***** JKH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/16/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 8	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>Lauren Heller</i> Examiner's Signature Initials			

ADDRESS

27581
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TITLE

Medical lead adaptor

FILING FEE RECEIVED 1082	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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